

Holy Spirit Institute for
Service and Leadership



Professional Degree Track
Application Form

Diocese of Brooklyn
310 Prospect Park West
Brooklyn, NY 11215



Please PRINT clearly and neatly

First Name: _____ Last Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell phone: _____

Email: _____

Date of Birth: _____ Male Female

Emergency Contact:

Name _____

Phone _____ Relationship _____

Have you participated in VIRTUS: The diocesan program designed for the prevention, recognition and to report child abuse? Yes No

Sacramental Information

Please note: Candidates, whether single or married, must be living in harmony with Church teaching regarding marriage in order to be considered for acceptance into the Holy Spirit Institute for Service and Leadership.

Place Baptism: _____ Date: _____

Place of Confirmation: _____ Date: _____

Sacramental Marriage:

Name of Catholic Church: _____

Address of Catholic Church: _____

Date of marriage _____





Marital status: Single (never married) Co-habiting Civil marriage
 Divorced Separated Widow(er)

***Ethnicity:**

African American (Non-Hispanic) American Indian/Alaskan Native
 Asian or Pacific Islander Hispanic
 White (non-Hispanic) Other

*This information is needed for national surveys on lay ministry that are conducted each year by CARA (Center for Applied Research in the Apostolate, Washington, DC).

Primary Language _____

Are you Fluent in another Language? Yes No If yes, which one: _____

Education

High School Associate Degree Bachelor's Degree Master's Degree

If you have a Bachelor's or Master's Degree what field of study is it in? _____

Work Experience

Current Employer: _____

Address of employment: _____

Phone number (optional): _____





Ministry Experience

Parish Name: _____

Address: _____

Ministry	Location	How long?	Volunteer or Paid

What are your personal strengths (include skills, talents, languages, and gifts)





Financial Obligation

For those in the Professional Degree track, the total costs, in addition to those charged by the college or university are shared by:

The Parish **\$375.00 per Semester Total of \$750.00 per year.**

The Participant **\$375.00 per Semester Total of \$750.00 per year.**

The Diocese

The College or university

Are you able to manage the financial obligations involved in the Holy Spirit Institute for Service and Leadership?

Yes

No, I will need a financial assistance form

Your information will not be made available to any other persons or agencies other than our collaborators without express legal authority. We will not disclose the identity of individual applicants when providing any agency with required statistical data.

Consent:

I attest to the accuracy of the information on this application.

Candidate Signature _____ Date _____

**Please send your Application and a photo (passport type) of yourself to:
Diocese of Brooklyn Holy Spirit Institute for Service and Leadership
Attention: Joann Roa
310 Prospect Park West
Brooklyn, NY 11215**





Holy Spirit Institute for Service and Leadership Nomination Form

Candidate: _____

Parish: _____

Deanery _____

First Name: _____

Last Name: _____

Parish Address: _____

Phone Number: _____

Cell phone: _____

Email: _____

What strengths have you observed in this person that is important for ministerial leadership?

What ministerial need do you see this person filling upon completion of the program?





Financial Information:

Is the parish able to meet the financial responsibilities that are involved with sponsorship?

Yes No

The Parish- \$750.00 annually based on two courses per year for three years
The Participant- \$750.00 per year based on two courses per year for three years
The Diocese- \$1000.00 annually based on two courses per year for three years
The College or university- based on individual need
Payment due on or before November 1; a bill will be issued.

Tuition assistance is available. Information on tuition assistance can be sent directly to the parish upon request.

SIGNATURE

By signing below, I affirm that this person has been initially screened by me or my representative that he/she has been found suitable for leadership formation and that he/she is being nominated for participation in the Holy Spirit Institute for Service and Leadership

Signature _____

Date _____

**Please send your Nomination to:
Diocese of Brooklyn Holy Spirit Institute for Service and Leadership
Attention: Joann Roa
310 Prospect Park West
Brooklyn, NY 11215**

